Reference number(s)
4642-A

SPECIALTY GUIDELINE MANAGEMENT

Abecma (idecabtagene vicleucel)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications
Abecma is indicated for the treatment of adult patients with relapsed or refractory multiple myeloma after four or more prior lines of therapy including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 monoclonal antibody.

All other indications are considered experimental/investigational and not medically necessary.

II. DOCUMENTATION

Submission of the following information is necessary to initiate the prior authorization review: Chart notes, medical record documentation or claims history supporting previous lines of therapy

III. CRITERIA FOR INITIAL APPROVAL

Multiple Myeloma
Authorization of 3 months may be granted for treatment of relapsed or refractory multiple myeloma in members 18 years of age and older when all of the following are met:

A. The member has received prior treatment with at least four prior lines of therapy, including at least one drug from each of the following categories:
   1. Immunomodulatory agent
   2. Proteasome inhibitor
   3. Anti-CD38 monoclonal antibody
B. The member has not received a previous treatment course of the requested medication or another B-cell maturation antigen (BCMA)-directed chimeric antigen receptor (CAR) T-cell therapy.

IV. REFERENCES

1. Abecma [package insert]. Summit, NJ: Celgene Corporation; March 2021.